

CLAIMS ONLY						Application Number <i>10/820605</i>	Filing Date	
						Applicant(s)		

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			/				51			
2				/			52			
3				/			53			
4					/		54			
5					/		55			
6				/			56			
7				/			57			
8				/			58			
9				/			59			
10				/			60			
11				/			61			
12				/			62			
13				/			63			
14				/			64			
15				/			65			
16				/			66			
17				/			67			
18				/			68			
19			/				69			
20			/				70			
21			/				71			
22			/				72			
23			/				73			
24			/				74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep			3				Total Indep			
Total Depend			21				Total Depend			
Total Claims			24				Total Claims			